

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-566,460

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	2		1			
5	2		1			
6	①		1			
7	①		1			
8	2		1			
9	2		1			
10	①		1			
11	①		1			
12	①					
13	①		1			
14	①		1			
15	①		1			
16	①		1			
17	①		1			
18	①		1			
19	①		1			
20	①	①	1			
21	①	①	1			
22	①		1			
23	①		1			
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50						
TOTAL IND.			1			
TOTAL DEP.		←	22	←		
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1			
TOTAL DEP.		←				
TOTAL CLAIMS			23			